

LENDER'S APPLICATION FOR PAYMENT OF INSURANCE CLAIM

OMB NO. 1840-0517
EXPIRATION: 08/31/2000**I. BORROWER SECTION**

1. SOCIAL SECURITY NUMBER	2. NAME OF BORROWER (LAST, FIRST, MI, MAIDEN)	3. TELEPHONE NUMBER
4. LAST KNOWN STREET ADDRESS	CITY	STATE
		ZIP CODE

II. LENDER SECTION

5. LENDER ID	6. LENDER NAME	7. LENDER TELEPHONE NUMBER
8. LENDER ADDRESS	CITY	STATE
		ZIP CODE
		9. CONTACT PERSON

III. CLAIM SECTION

10. CHECK THE REASON FOR CLAIM		11. CHECK TYPE OF LOAN:	
____ (0) CLOSED SCHOOL ____ (1) DEFAULT - IS THERE A "CURE"? YES ____ ____ (2) BANKRUPTCY WITH 7 YRS IN REPAYMENT (CH 7 & 11) ____ (3) DEATH ____ (4) PERMANENT AND TOTAL DISABILITY ____ (5) BANKRUPTCY LESS THAN 7 YRS IN REPAYMENT (CH 7 & 11) ____ (6) FALSE CERTIFICATION ____ (7) BANKRUPTCY CHAPTER 13 ____ (8) BANKRUPTCY CHAPTER 12		____ A. FEDERALLY INSURED STUDENT LOAN ____ B. STAFFORD (FFEL) ____ C. UNSUBSIDIZED STAFFORD ____ D. SLS ____ E. CONSOLIDATION ____ F. PLUS ____ G. OTHER	
12. DATE STUDENT CEASED AT LEAST HALF-TIME STUDY	13. LAST DAY OF GRACE PERIOD	14. DATE FIRST PAYMENT DUE	
MM/DD/YY	MM/DD/YY	MM/DD/YY	
15. DUE DATE OF MOST DELINQUENT PAYMENT	16. LAST DATE INTEREST WAS PAID OR CAPITALIZED		
MM/DD/YY	MM/DD/YY		
17. GUARANTOR'S NAME	ADDRESS	CITY	STATE
			ZIP CODE
			18. GUARANTOR'S TELEPHONE NUMBER

IV. LOAN INFORMATION (For each loan, list the first actual disbursement date and unpaid principal balance)

19. Date of Disbursement	20. Amount of Disbursement	21. Annual Interest Rate	22. Amount of Capitalized Interest	23. Unpaid Principal Balance	Department of Education Use Only
	\$	%	\$	\$	
	\$	%	\$	\$	
	\$	%	\$	\$	
	\$	%	\$	\$	
	\$	%	\$	\$	
	\$	%	\$	\$	
	\$	%	\$	\$	
	\$	%	\$	\$	
	\$	%	\$	\$	
Totals\$	\$		\$	\$	

V. COSIGNER/ENDORSER INFORMATION (If applicable)

24. LAST NAME	FIRST NAME	MI	MAIDEN NAME	25. TELEPHONE NUMBER
26. ADDRESS	CITY	STATE	ZIP CODE	
27. LAST NAME	FIRST NAME	MI	MAIDEN NAME	28. TELEPHONE NUMBER
29. ADDRESS	CITY	STATE	ZIP CODE	
I certify that all the information provided in connection with this claim is true and correct and that this claim fully complies with the provisions of Title IV, Part B of the Higher Education Act of 1965, as amended (the Act) and all statutes and regulations applicable to the Federal Family Education Loan Program. I also certify that the loan satisfies all the requirements for payment under the Act and regulations and that (1) if I am filing a default claim, the borrower is not eligible for a deferment; and (2) the loan has been serviced in compliance with the Department of Education's regulations for due diligence in 34 C.F.R. part 682. If I receive any payments related to this claim after I have submitted this form, I agree to send the money received to the Department of Education after the Department has paid the claim.				
30. SIGNATURE OF OFFICER	31. TYPED NAME AND TITLE	32. DATE OF APPLICATION FOR INSURANCE CLAIM		

DO NOT WRITE BELOW THIS LINE (FOR ED use only)

DATE OF DEFAULT	SLIP DATE	APPROVED BY	DATE APPROVED

